

Application Data Sheet

Application Information

Application number::

Filing Date:: February 4, 2005

Application Type:: Regular

CD-ROM or CD-R?: None

Number of CD Disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form
(CRF)?:: No

Number of copies of CRF::

Title:: INEXTENSIBLE HEADGEAR
AND CPAP OR VENTILATOR
MASK ASSEMBLY WITH
SAME

Attorney Docket Number:: 4398-407

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 17

Small Entity?: No

Petition included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

10/523607

DT01 Rec'd PCT/PTC 04 FEB 2005

1 - ∞ Given Name:: Michael
Middle Name::
Family Name:: BERTHON-JONES
Name Suffix::
City of Residence:: Leonay A U X
State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: c/o ResMed Limited, 97 Waterloo Road
City of mailing address:: North Ryde
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2113
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity

2 - ∞ Given Name:: Michael
Middle Name:: Kassipillai
Family Name:: GUNARATNAM
Name Suffix::
City of Residence:: Marsfield A U X
State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: c/o ResMed Limited, 97 Waterloo Road
City of mailing address:: North Ryde
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2113
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity

3 - ∞ Given Name:: Peter

Middle Name:: Edward
Family Name:: BATEMAN
Name Suffix::
City of Residence:: Cherrybrook ALIX
State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: c/o ResMed Limited, 97 Waterloo Road
City of mailing address:: North Ryde
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2113
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Great Britain
Status:: Full Capacity

4 - 00

Given Name:: Philip
Middle Name:: James
Family Name:: JENKINSON
Name Suffix::
City of Residence:: Epping ALIX
State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: c/o ResMed Limited, 97 Waterloo Road
City of mailing address:: North Ryde
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2113
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity

5 - 00

Given Name:: Gordon

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Middle Name:: Joseph
Family Name:: MALOUF
Name Suffix::
City of Residence:: Gymea Bay ALX
State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: c/o ResMed Limited, 97 Waterloo Road
City of mailing address:: North Ryde
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2113

Correspondence Information

Correspondence Customer Number:: 23117

Representative Information

Representative Customer Number:: 23117

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	NATIONAL STAGE OF	PCT/AU2003/000988	08/05/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
UNITED STATES	60/400,686	08/05/02	YES
	PCT/AU2003/000988	08/05/03	YES